



FUNERAL DIRECTOR APPRENTICESHIP

APPLICATION FOR APPRENTICE CONTRACT AND PERMIT

IMPORTANT: This application must be completed and accompanied by the permit fee and official transcripts.

FOR OFFICE USE ONLY

PERMIT #: _____
START DATE: _____
EXPIRES: _____

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

Military Veteran • Yes • No • Not Sure	Applicant Education and Training Background: Circle the highest school year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED
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College or University You Attended for Your First Year of Education (name, address, dates): **Submit the official transcript along with this application.**

For Receipting Use Only

Are you currently: ☐ Attending Mortuary School
☐ Serving Internship

If yes, provide dates: _____

If not, give date of expected enrollment: _____

Previous Funeral Director Experience:

Application Fee: Make check payable to Department of Safety and Professional Services and attach to application.

\$ 10.00 Apprentice permit fee
☐ Initial contract and permit.
☐ Transfer contract and permit.

EMPLOYER APPLICATION

Establishment Name: _____ License #: _____
Establishment Address: _____
Name of Owner: _____ Wis. Unemployment #: _____
Name of Funeral Director Sponsor _____ License #: _____
Daytime Telephone #: _____ FAX #: _____
Year Business Started: _____ Trained Apprentices Before? • Yes • No
Will embalming be performed at this location? • Yes • No
If No, provide the name and address of the embalming location:

Number of funerals performed in the previous year at the establishment: _____
Number of licensed funeral directors in this establishment: _____
Number of apprentices in this establishment: _____
Note: You may only have a second apprentice if this establishment conducts more than 150 funerals per year and there are at least two full-time licensed funeral directors at this location.
Proposed apprenticeship start date: _____
Note: Apprentices must be employed at least 40 hours in each consecutive two weeks in order to receive credit towards their apprenticeship training requirement.

Important: The apprentice may not begin practicing until the permit has been issued. A representative from Department of Workforce Development, Bureau of Apprenticeship Standards, will make an appointment to have the contract signed after the permit has been issued

Starting hourly wage for a licensed funeral director in this establishment: \$ _____

NAMES OF LICENSED FUNERAL DIRECTORS AND APPRENTICES NOW EMPLOYED AT ESTABLISHMENT

Name	Date Employed or Contract Issued	License Number
1.		
2.		
3.		
4.		

Attach an additional sheet, if necessary.

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

Signature of Licensed Funeral Director Sponsor

Date Signed

APPRENTICE INFORMATION

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a *misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats.

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name**Middle Initial**

Last Name

Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address?

☐ Yes

☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996